

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: TUNGSTEN CATALYSTS  
Attorney Docket Number:: 0512-1252  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: FRANCOIS  
Middle Name::  
Family Name:: FIGUERAS  
Name Suffix::  
City of Residence:: LYON  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 4, RUE VILLON  
Address::  
City of Mailing Address:: LYON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-69003

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: NADINE  
Middle Name::  
Family Name:: ESSAYEM  
Name Suffix::  
City of Residence:: SAINT JUST CHALEYSSIN  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing CHAPULY  
Address::  
City of Mailing Address:: SAINT JUST CHALEYSSIN

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-38540

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CYRIL  
Middle Name::  
Family Name:: FECHE  
Name Suffix::  
City of Residence:: VILLEURBANNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 2, AVENUE ROBERTO ROSSELLINI  
Address::  
City of Mailing Address:: VILLEURBANNE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-69100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: STEFANE  
Middle Name::  
Family Name:: LORIDANT  
Name Suffix::  
City of Residence:: MIRIBEL  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 63, AVENUE DU PARC

Address::

City of Mailing Address:: MIRIBEL

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-01700

Applicant Authority Type:: Inventor

Primary Citizenship Country:: MEXICO

Status:: Full Capacity

Given Name:: JORGE

Middle Name::

Family Name:: PALOMEQUE

Name Suffix::

City of Residence:: TLANEP

State or Province of

Residence::

Country of Residence:: MEXICO

Street of Mailing TEPETLACALCO NO. 59

Address:: COL. NUEVA LXTACALA

City of Mailing Address:: TLANEP

State or Province of Mailing Address::

Country of Mailing Address:: MEXICO

Postal or Zip Code of Mailing Address:: 54160

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: GEORGES

Middle Name::

Family Name:: GELBARD

Name Suffix::

City of Residence:: CALUIRE

State or Province of

Residence::

Country of Residence:: FRANCE  
 Street of Mailing 25F RUE ANDRE LASSAGNE  
 Address::  
 City of Mailing Address:: CALUIRE  
 State or Province of Mailing Address::  
 Country of Mailing Address:: FRANCE  
 Postal or Zip Code of Mailing Address:: F-69300

**Correspondence Information**

Correspondence Customer 00466  
 Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02040	7/1/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/08318	7/3/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::